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CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

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on ____

Jeffrey R. Kuester

In Re Application of:

Martin W. McKinnon III et al.

Serial No.: 09/800,735

Filed: March 7, 2001

Confirmation No.: 4774

Group Art Unit: 2663

Examiner: Ferris, Derrick W.

Docket No.: A-8974 (191930-1260)

For: Method of Allocating Access Across a Shared Communications Medium

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Page
FeeTransmittal Page
Credit Card Authorization - Authorizing \$800.00
Response

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AMENDMENT TRANSMITTAL LETTER (LARGE)

Docket No.

Applicant(s): McKinnon III, et al

AHR 2 2 2005

A-8974 (191930-1260)

| , pp.100.11(0). | AUG | 7 - 2000 | | | | | | | | | | |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------|----------------------|----------|------------------------|--|--|--|--|--|--|
| Serial No. 09/800,735 | Filing Dat March 7, 20 | | miner errick W. | Confirmation 4774 | No. | Group Art Unit 2663 | | | | | | |
| Invention: Method of Allocating Access Across a Shared Communications Medium | | | | | | | | | | | | |
| Commissioner for Mail Stop AF P.O. Box 1450 Alexandria VA 22 | | | | | | | | | | | | |
| Transmitted herewith is type of document in the above-identified application. | | | | | | | | | | | | |
| The fee has been calculated and is transmitted as shown below | | | | | | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXT | | RATE | ADDITIONAL FEE | | | | | | |
| TOTAL CLAIMS | 47 - | 61 = | 0 | X | \$50.00 | \$0 | | | | | | |
| INDEP. CLAIMS | 8 - | 4 = | 4 | X | \$200.00 | \$800 | | | | | | |
| Multiple Dependent Claims (check if applicable) \$360.00 | | | | | | | | | | | | |
| EXTENSION FEE | 1 ST MONTH ☐ \$120.00 | 2 ND MONTH | 3 RD MONTH \$1,020.00 | - | ONTH | \$0 | | | | | | |
| Other Fees: | | | | | | \$0 | | | | | | |
| | \$800.00 | | | | | | | | | | | |
| ☐ Please charge☐ A check in the☑ A Credit Card | fee is required. Deposit Account No amount of to e Payment Form PTOs hereby authorized to 0-0778. | cover the filing fee is 2038 is attached in t | enclosed. he amount of \$ | | . • | | | | | | | |

Jeffrey R. Kuester, Reg. No. 34,367

Date

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006 OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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| Effective on 12/08/2004 Fees Pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). | | | | Complete if Known | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|---------------------|-----------------------------------------------|-----------------------------------------|-------------------------|-------------------------|--|--|--|--|--|
| FEE TRANSMITTAL | | | | Application Number | 09/800,735 | | | | | | | |
| 4 2 100E | | | | Filing Date | March 7, 20 | 01 | | | | | | |
| AUG 77 2005 For FY 2005 | | | | First Named Inventor | McKinnon I | | | | | | | |
| The time to the condition of the Conditi | | | | Examiner Name | Ferris, Derr | | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | Art Unit | 2663 | ICR VV. | | | | | | |
| TOTAL AMOUN | OF PAYMEN | T (\$)800.00 | | Attorney Docket No. | A-8974 (191 | 930-1260) | $\overline{}$ | | | | | |
| | | | | | , , , , , , , , , , , , , , , , , , , , | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | | | | | |
| Deposit Account Deposit Account Number: 20-0778 Deposit Account Name: Thomas, Kayden, Horstemeyer Risley, L.L.P. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | | | |
| Charge f | ee(s) indicated b | · | | Charge fee(s) indicate | | | | | | | | |
| | | e(s) or underpayment | s of fee(s) | Credit any overpayme | - | | | | | | | |
| under 37 | CFR 1.16 and 1 | .17 | - c c. (e) | | | | | | | | | |
| WARNING: Informati authorization on PTO | | ay become public. Cre | dit card informatio | n should not be included | d on this form. Pro | vide credit card info | mation and | | | | | |
| FEE CALCULA | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| | | UD EVANUATION | FEE | | | | | | | | | |
| 1. BASIC FILING | 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Filing Fees Searc | | | | Examination Fees | | | | | | | |
| Application Type | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fees Paid | | | | | |
| | | <u>Fee(\$)</u> | | Fee(\$) | | <u>Fee(\$)</u> | <u>(\$)</u> | | | | | |
| Utility | 300 | 150 100 | 500 100 | 250 50 | 200 130 | 100 65 | 0 | | | | | |
| Design Plant | 200 200 | 100 | 300 | 150 150 | 160 | 80 | ŏ | | | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | Ö | | | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0 | | | | | |
| 2. EXCESSIVE C | LAIM FEES | | | | | | | | | | | |
| Fee Description | | | | | | Fee (\$) | Small Entity Fee(\$) | | | | | |
| Each claim over 20 | | | | | | 50 | 25 | | | | | |
| Each independent of | • | uding Reissues) | | | | 200 360 | 100 180 | | | | | |
| Multiple dependent Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | Multiple Depend | | | | | | |
| 47 | -20 or HP = | 0 | 50 | 0 | | | Fee Paid (\$) | | | | | |
| _ | | id for, if great than 20 | | | | 360 | 0 | | | | | |
| Indep. Claims | | Extra Claims | Fee (\$) | <u>Fee Paid (\$)</u> 800 | | | | | | | | |
| 8 HP = highest number | -3 or HP = of total claims pa | 4 id for, if great than 3 | 200 | 000 | | | | | | | | |
| ľ | • | | | | | | | | | | | |
| 3. APPLICATION | | | | | | e e | | | | | | |
| If the specification | n and drawings | exceed 100 sheets | s of paper, the a | pplication size fee d I(a)(1)(G) and 37 CF | ue is \$250 (\$12 :R 1 16(s) | b for small entity) | | | | | | |
| • | | | | itional 50 or fractio | | Fee (\$) | Fee Paid | | | | | |
| Total Sheets | EXI | ra Sneets Numb | er or each add | Itional 50 of Tractio | <u>in ulereor</u> | <u>r ee (\$)</u> | <u>(\$)</u> | | | | | |
| | -100 = | /50= | | (round up to a who | ele number) x | 250 = | ō | | | | | |
| 4. OTHER FEE(S | 4. OTHER FEE(S) Fee Paid (\$) | | | | | | | | | | | |
| Non-English Spec | cification, | 130 fee (no small | entity discount) | | | - | 0 | | | | | |
| Other: | | | | | | | 0 | | | | | |
| SUBMITTED BY | | 111 | | | | Complete (if conline) | | | | | | |
| SUDMITTED BY | $\overline{}$ | /// / | | | Teleph | Complete (if applicable | , | | | | | |
| Signature | X' | Hita | | Registration No. 34, | | 933-9500 | | | | | | |
| Name: (Print/Tyne) | Jeffrey R | Kuester | | <u></u> | Date: | 8-19-05 | | | | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



In Re Application of:

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For:

METHOD OF ALLOCATING ACCESS ACROSS A SHARED

COMMUNICATIONS MEDIUM

RESPONSE

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

The Final Office Action mailed May 19, 2005 has been carefully considered. In response thereto, please enter the following amendments and consider the following remarks.

AUTHORIZATION TO DEBIT ACCOUNT

It is not believed that extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account no. 20-0778.

08/23/2005 MAHMED1 00000033 09800735

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